FEC

Only

STATEMENT OF

PAGE 1 / 14

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. HOSPAC - FEDERAL THE POLITICAL ACTION COMMITTEE OF THE TEXAS HOSPITAL ASSOCIATION P.O. BOX 679010 ADDRESS (number and street) (Check if address is changed) **AUSTIN** 78767 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS ckroll@tha.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2022 C00301325 FEC IDENTIFICATION NUMBER 3. IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Kroll, Carrie, , Ms, Type or Print Name of Treasurer Kroll, Carrie, , Ms, [Electronically Filed] 07 2022 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FEC Form 1 (Revised 03/2022)	Page 2
. TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete t information below.)	he candidate
Name of Candidate	
Candidate Party Affiliation Office Sought: House Senate President	State District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the Republicar	ic, n, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:
Corporation Corporation w/o Capital Stock Labor (Organization
Membership Organization	rative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	ed fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid F	PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
Committees Participating in Joint Fundraiser	
1	

	FEC Form 1 (Revised	02/2009)	Page 3
۷	Vrite or Type Committee Nam	е	
	HOSPAC - FEDERAL	THE POLITICAL ACTION COMMITTEE OF THE	TEXAS HOSPITAL ASSOCIATION
6.	Name of Any Connected (Texas Hospital Ass	Organization, Affiliated Committee, Joint Fundraising Repr	resentative, or Leadership PAC Sponsor
	Mailing Address	PO Box 679010	
		Austin	TX 78767
		CITY ▲	STATE ▲ ZIP CODE ▲
	Polotionobio: V Connecto	d Organization Affiliated Organization Laint Fundrainin	g Penresentative
	Relationship: X Connecte	d Organization Affiliated Organization Joint Fundraising	g Representative Leadership PAC Sponso
7.	Custodian of Records: Iden	ntify by name, address (phone number optional) and position	of the person in possession of committee
	books and records.		
	Zamarron	, Ignacio, , Mr,	
	Full Name		
	Mailing Address	1108 Lavaca St Ste 700	
		Austin	TX 78701 _
		OUT!	
	Title or Position ▼	CITY A	STATE ▲ ZIP CODE ▲
	Sr Vice President		512 465 1084
	Sr vice President	Telephone nur	mber 512 - 465 - 1084
8.	Treasurer: List the name a any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the assistant treasurer).	e committee; and the name and address of
	Full Name Kroll, Car	rie, , Ms,	
	of Treasurer		
	Mailing Address	1108 Lavaca St Ste 700	
	g		
		Austin	TV 70704
		Austin	TX 78701 - -
		CITY A	STATE ▲ ZIP CODE ▲
	Title or Position ▼		
	VP Advocacy	Telephone nur	mber 512 - 465 - 1046

FEC Form 1 (Revised 0	2/2009)		Page 4
Full Name of Designated Agent		1 1 1 1 1 1 1 1 1	
Mailing Address			
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
	Teleph	one number	
Banks or Other Depositorions safety deposit boxes or main	es: List all banks or other depositories in which the datains funds.	committee deposits funds,	holds accounts, rents
Name of Bank, Depository, e	tc.		
Region	s Bank		
Mailing Address	100 Congress Ave		
	Austin	TX 78	701
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, Depository, e	tc.		
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

Page _5 **of** _14__

5(g) c	or(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	
	2.		FEC ID number	
	3.		FEC ID number	
	4.		FEC ID number	
6.		Organization, Affiliated Committee, Joint Fund	raising Representative,	or Leadership PAC Sponsor
	AZHHA Political A	ction Committee		
		3901 North Central Ave		
	Mailing Address	3301 Notal Contain Ave		
		Phoenix	AZ	85012
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	Organization X Affiliated Committee Joint	t Fundraising Representati	ve Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number – optional)		
	Full Name			
	Mailing Address	1		
	Mailing Address			
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
		T		
			elephone Number	
0	Ponko ov Othov Donosito		,	funda halda aggeunta renta
9.	Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in which	,	funds, holds accounts, rents
9.		ries: List all banks or other depositories in which intains funds.	,	funds, holds accounts, rents
9.	safety deposit boxes or ma	ries: List all banks or other depositories in which intains funds.	the committee deposits	funds, holds accounts, rents
9.	Name of Bank, Depository, etc.	ries: List all banks or other depositories in which intains funds.	the committee deposits	funds, holds accounts, rents
9.	Name of Bank, Depository, etc.	ries: List all banks or other depositories in which intains funds.	the committee deposits	funds, holds accounts, rents

FEC Form 1S (Revised 02/2017)

5(g)	or(h). Joint Fundraisin ç	յ Participant:	
	1		FEC ID number C
	2.		FEC ID number C
	3.		FEC ID number C
	4.		FEC ID number C
6.	=	Organization, Affiliated Committee, Joint Fundra	ising Representative, or Leadership PAC Sponsor
	Mailing Address	PO Box 1100	
		Sacramento	CA 95812-1100 -
	Relationship:	CITY A	STATE ▲ ZIP CODE ▲
	Connected	Organization X Affiliated Committee Joint	Fundraising Representative Leadership PAC Sponsor
8.	Designated Agent: Identify Full Name	by name, address (phone number - optional)	
	Mailing Address	1	
	. J		
	TITLE OR POSITION	_ CITY ▲	STATE ▲ ZIP CODE ▲
	IIILE ON POSITION		ephone Number
9.	Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc. Mailing Address		he committee deposits funds, holds accounts, rents
	mailing Address		
		CITY ▲	STATE ▲ ZIP CODE ▲

FEC Form 1S (Revised 02/2017) for Lines 5

Banks or Other Deposite safety deposit boxes or management of Bank, Depository, etc. Mailing Address		ks or other depositories in wh	ich the committee depos	its funds, holds accounts, rents
Banks or Other Depositors safety deposit boxes or many Name of Bank, Depository, etc.		ks or other depositories in wh	ich the committee depos	its funds, holds accounts, rents
Banks or Other Depositorsafety deposit boxes or management		ks or other depositories in wh	ich the committee depos	its funds, holds accounts, rents
TITLE OR POSITION				
TITLE OR POSITION			Telephone Number	
	V	CITY A	STATE ▲	ZIP CODE ▲
Mailing Address				
Full Name				
		Affiliated Committee Sess (phone number – optional	oint Fundraising Represen	tative Leadership PAC Spon
Relationship:		CITY A	STATE A	ZIP CODE A
	Jefferson City			65102
Mailing Address	PO Box 60			
PAC of Missouri I	_		ndraising Representativ	ve, or Leadership PAC Sponso
4			FEC ID number	[C]
0.			FEC ID number	С
3.			FEC ID number	С
2			FEC ID number	C

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

	g Participant:		
1		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fur	ndraising Representative	e, or Leadership PAC Spon
Montana Hospital	Association PAC - Federal		
			1 1 1 1 1 1 1 1 1
	PO Box 1519		
Mailing Address			
	, Helena	, MT,	, 59604
Relationship:			
	CITY ▲ d Organization Affiliated Committee Journal Journa	STATE ▲ sint Fundraising Representa	ZIP CODE ▲ ative Leadership PAC S
Full Name			
Mailing Address			
Mailing Address			
Mailing Address			
	CITY A	STATE A	ZIP CODE A
Mailing Address TITLE OR POSITION	CITY A		
TITLE OR POSITION	▼ CITY ▲ ries: List all banks or other depositories in whice	STATE ▲ Telephone Number	
TITLE OR POSITION anks or Other Depositor afety deposit boxes or ma	▼ CITY ▲ ries: List all banks or other depositories in whice	STATE ▲ Telephone Number	ZIP CODE A
TITLE OR POSITION anks or Other Deposito fety deposit boxes or ma	▼ CITY ▲ ries: List all banks or other depositories in whice	STATE ▲ Telephone Number	ZIP CODE A
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anks or Other Depositor dety deposit boxes or material boxes or material boxes or material boxes.	▼ CITY ▲ ries: List all banks or other depositories in whice	STATE ▲ Telephone Number	ZIP CODE A
anks or Other Depositor detay deposit boxes or material deposition are of Bank, epository, etc.	▼ CITY ▲ ries: List all banks or other depositories in whice	STATE ▲ Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Page 9 of 14

5(g)	or(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fundr	aising Representative	, or Leadership PAC Sponsor
	North Carolina Ho	espital Association Federal		
	Madilian Adalasa	PO Box 80428		ı
	Mailing Address			
		Raleigh	ı NC ı	27623
	Dolotionohim			
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	d Organization X Affiliated Committee Joint	Fundraising Representa	tive Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
8.	Designated Agent: Identify Full Name	by name, address (phone number – optional)		
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	CITY	STATE A	ZIP CODE A
8.	Full Name	CITY A		
	Full Name Mailing Address TITLE OR POSITION	CITY A Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor	CITY A Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail	CITY CITY ries: List all banks or other depositories in which sintains funds.	STATE A	ZIP CODE A
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	CITY CITY ries: List all banks or other depositories in which sintains funds.	STATE A	ZIP CODE A
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	CITY CITY ries: List all banks or other depositories in which sintains funds.	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

	organization, Affiliated Committee, Joint Fulitical Action Committee-Federal	FEC ID number	C C C C
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4. ame of Any Connected O		FEC ID number	С
4ame of Any Connected O		J	
ame of Any Connected O		ndraising Representative	
		ndraising Representative	
Health Alliance Pol	itical Action Committee-Federal), or Leadership PAC Spon
	₁ 4750 Lindle Road		
Mailing Address	4730 Lilidie Rodu		
	Harrisburg	PA	17105
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected (Organization X Affiliated Committee J	Joint Fundraising Representa	ative Leadership PAC S
Full Name			
Mailing Address			
	1		1
TITLE OR POSITION ▼	CITY A	STATE ▲	ZIP CODE ▲
		Telephone Number	
anks or Other Depositoric	es: List all banks or other depositories in whatains funds.	ich the committee deposit	s funds, holds accounts, ren
ame of Bank,	<u> </u>		
afety deposit boxes or main ame of Bank, epository, etc. Mailing Address			
ame of Bank, epository, etc.			

FEC Form 1S (Revised 02/2017) for

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4		FEC ID number	С
ame of Any Connected	l Organization, Affiliated Committee, Joint Fundr	aising Representativ	e, or Leadership PAC Spon
Healthcare Asso	ciation of Hawaii PAC		
Mailing Address	932 Ward Ave		
	Honolulu	, , HI	96814
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Fundraising Representa	ative Leadership PAC S
Connecte		Fundraising Represent	ative Leadership PAC S
Connecte	ed Organization X Affiliated Committee Joint	Fundraising Represent	ative Leadership PAC S
Connecte	ed Organization X Affiliated Committee Joint	Fundraising Represent	Leadership PAC S
esignated Agent: Identi	ed Organization X Affiliated Committee Joint	Fundraising Represent	Leadership PAC S
esignated Agent: Identi	ed Organization X Affiliated Committee Joint		Leadership PAC S
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spon
New York State F	Hospital and Healthcare Association	s' Federal Politica	I Action Committee
	l One Empire Dr		
Mailing Address			
	Rensselaer	NY NY	12144
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization X Affiliated Committee Joi	int Fundraising Representa	ative Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
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Full Name	CITY A		
Full Name Mailing Address TITLE OR POSITION	CITY A pries: List all banks or other depositories in whice	STATE Telephone Number	ZIP CODE A
Full Name	CITY A pries: List all banks or other depositories in whice	STATE Telephone Number	ZIP CODE A
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Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or material depositions are of Bank, epository, etc.	CITY A pries: List all banks or other depositories in whice	STATE Telephone Number	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi	ig i ditiolpanti		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fund		e, or Leadership PAC Spon
Wisconsin Healtr	& Hospital Association Federal PAC	ز 	
	₁ PO Box 259038		
Mailing Address			
	Madison	WI	53725
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		nt Fundraising Represent	ative Leadership PAC Sp
	Affiliated Committee Join y by name, address (phone number – optional)	nt Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		nt Fundraising Represent	ative Leadership PAC Sp
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esignated Agent: Identif	by by name, address (phone number – optional) CITY		
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esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	cy by name, address (phone number – optional) CITY CITY Cries: List all banks or other depositories in which	STATE A	ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi	ng Farticipant.		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4		FEC ID number	С
=	I Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
AMERICAN HOS	SPITAL ASSOCIATION PAC		
Mailing Address	800 TENTH STREET, NW		
Mailing Address	TWO CITYCENTER, SUITE 400		
Dalotionakin	WASHINGTON	, DC	20001
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	ed Organization X Affiliated Committee Joint fy by name, address (phone number – optional)	t Fundraising Representa	ative Leadership PAC S
Connecte		t Fundraising Representa	ative Leadership PAC S
Connecte		t Fundraising Representa	Leadership PAC S
esignated Agent: Identi		t Fundraising Representa	Leadership PAC S
Connecte esignated Agent: Identi Full Name		t Fundraising Representa	Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional)	t Fundraising Representation	
esignated Agent: Identification Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
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